

FILED 27 DEC '23 11:36 USDC-ORE

UNITED STATES DISTRICT COURT

for the

District of

Division

Case No.

6:23-CV-01961-JR

(to be filled in by the Clerk's Office)

MoSheik Sheikh Shareef Shabazz

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

•V•

The Oregon Department of Corrections, Tasha Petersen

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

The Sheik Sheikh Shareef ShabazzAll other names by which
you have been known:

ID Number

15581332

Current Institution

The Oregon State Penitentiary

Address

2605 State Street Salem, Oregon 97310

City

State

Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Tasha Petersen & The Oregon Department of Corrections
OISC Administrator for The Oregon Department of CorrectionsJob or Title (*if known*)

Shield Number

Employer

The Oregon Department of Corrections

Address

3723 Fairview Industrial Drive SE

Salem

Oregon

97302

City

State

Zip Code

 Individual capacity Official capacity

Defendant No. 2

Name

The Oregon Department of Corrections Behavioral Health Services
Mental Health Services For PrisonersJob or Title (*if known*)2575 Center St NE Salem, Oregon 97301

Shield Number

3723 Fairview Industrial DR SE Suite 200

Employer

Salem

Oregon

97302

Address

City

State

Zip Code

 Individual capacity Official capacity

To this very day I have yet to get a copy of the Prison Rape Elimination Act Report against me. The Criminal who reported the Sex Crime against me nothing happen to him. The prisoner name Logan often taunted me, and staff told me not to say nothing or it would be labeled retaliation. My rights were not read to me by the investigating Officer nor was a report issued so I knew the details. Officer Cleland a Law Library Coordinator at the O.S.C. banned me from the law library and has used racism, intimidation prejudice discrimination and has violation my privacy.

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

The listed defendants are government employees for The State of Oregon

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner
- Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

All of my claims arose while imprisoned.

A. If the events giving rise to your claim arose outside an institution, describe where and when they arose. In the Mental Health Infirmary the conditions of confinement are unconstitutional for people with Mental Disorders and serious mental illness. I can only shower 3 days a week. Inadequate Mental Health Care by Behavioral Health Services in the Mental Health Infirmary On August 2, 2023 Officer Cleland invaded my mental health meeting with my Counselor Mrs. Provance. Psychiatrist Barbara Miller misdiagnosed me with a psychotic disorder without evaluating me while at the Oregon State Correctional Institution. Dating back to July 13th, 2023 I've been neglected by Dr. Miller.

B. If the events giving rise to your claim arose in an institution, describe where and when they arose. Not being allowed to shower in a Medical Mental Health unit daily. Only 3 days out of the week. I've been falsely imprisoned and held in Solitary Confinement for mental health evaluations that are misleading and inadequate. I have been placed in Solitary Confinement on false accusations. Because I am labeled "mental ill" I have been discriminated against, and because I have dark skin Officers Cleland and Officer Foster have both denied my access to the Law Library.

C.

What date and approximate time did the events giving rise to your claim(s) occur?

*Being a Mentally ill I am discriminate against and being held in Mental health Infirmary where I'm being
imprisoned against various Correctional Officers have racially profiled me and used discrimination*

D.

What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?) (OSCI Officer Cleland has even retaliated against me for filing grievances and for claims.)

On October 23, 2023 a Prisoner named "Logan" told Correctional Staff I sexually assaulted him and I was placed in Solitary Confinement for 5 day and was found innocent of Rape claims. On Friday December 15th, 2023 I asked the Library Officer for the Special Housing Units why he didn't open me up to the Library when I Signed up for 2 slots, he made up some lies and began yelling saying "I don't give a shit". This was early in the Morning his name is Foster if I ask him for something he tells me no he always discriminates against me because of the Color of my SKin, and because of my Arab Middle East Name.

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Mental Depression, Stress,

Because of The Color of my SKin , My Arab Name I live with Paranoia because of bias scrutiny because of my Religion, Culture, Family, Heritage and Nationality. Also I've been under bias scrutiny because of my mental disability. After I am released from The Oregon Department of Correction I need professional mental health treatment.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

The long periods of Solitary Confinement based upon a false criminal accusation of a Sex Crime has defamed me as a Muslim, and misdiagnosis by Dr. Barbara Miller has kept me in Solitary Confinement imprisoned in a unconstitutional Mental Health Infirmary where I can not bathe every day or buy the same Commissary as Prison general population. The Mental Health Infirmary is a prison housing unit unconstitutional for people with serious mental illness and disabilities - From Cops yelling screaming trying to intimidate me threats to put me in Solitary Confinement Having been racially Stereotyped, racially profiled, racially discriminated against, Being discriminated because I'm a Muslim, and having been treated with hate and evil by numerous Correctional Officers.

\$10,000,000

Having been racially Stereotyped, racially profiled, racially discriminated against, Being discriminated because I'm a Muslim, and having been treated with hate and evil by numerous Correctional Officers.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act (“PLRA”), 42 U.S.C. § 1997e(a), requires that “[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.”

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes

No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

The Oregon State Correctional Institution

The Oregon State Correctional Institution

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes

No

Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

Yes

No

Do not know

If yes, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

Yes

No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes

No

E. If you did file a grievance:

1. Where did you file the grievance?

The Oregon State Correctional Institution and The Oregon State Penitentiary

2. What did you claim in your grievance?

Excessive Confinement, Discrimination, Cruel and Unusual Punishment, Racism

3. What was the result, if any?

Letters dismisses the facts that I'm being wrongfully treated

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

The Grievance Coordinators have been denying my grievances based on their guidelines and this has been very recently. All of my grievances have been getting denied since October 23, 2023. They are not even trying to look into the matter

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

From August of 2023 through the Month of December 2023 I have filed grievances.

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any: I have filed grievances stating Valid claims of cruel and unusual punishment, and other none Frivolous claim in all of my grievances and the Coordinators do not reach out to me to resolve the matters that I've been have had with various State employees.

The Coordinators have been denying my grievance's dating back to October 23, 2023
The Coordinator here at the Penitentiary told me to pick a claim that really matters.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. My Excessive imprisonment and false imprisonment excessive confinement Claim is pending in the Multnomah County Circuit Court for the state of Oregon Amended Sentence judgement.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

Yes

No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes

No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court (*if federal court, name the district; if state court, name the county and State*)

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition.

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment? *No*

Yes

No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court (*if federal court, name the district; if state court, name the county and State*)

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: December 21, 2023

Signature of Plaintiff

The Sheikh Sheikh Shareef Shabazz

Printed Name of Plaintiff

The Sheikh Sheikh Shareef Shabazz

Prison Identification #

15581332

Prison Address

2605 State Street Salem, Oregon 97310

City

State

Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address
